


# Improving primary care in Haringey

Haringey Adults and Health Panel  
4 March 2019



# Introduction: the national and NCL context

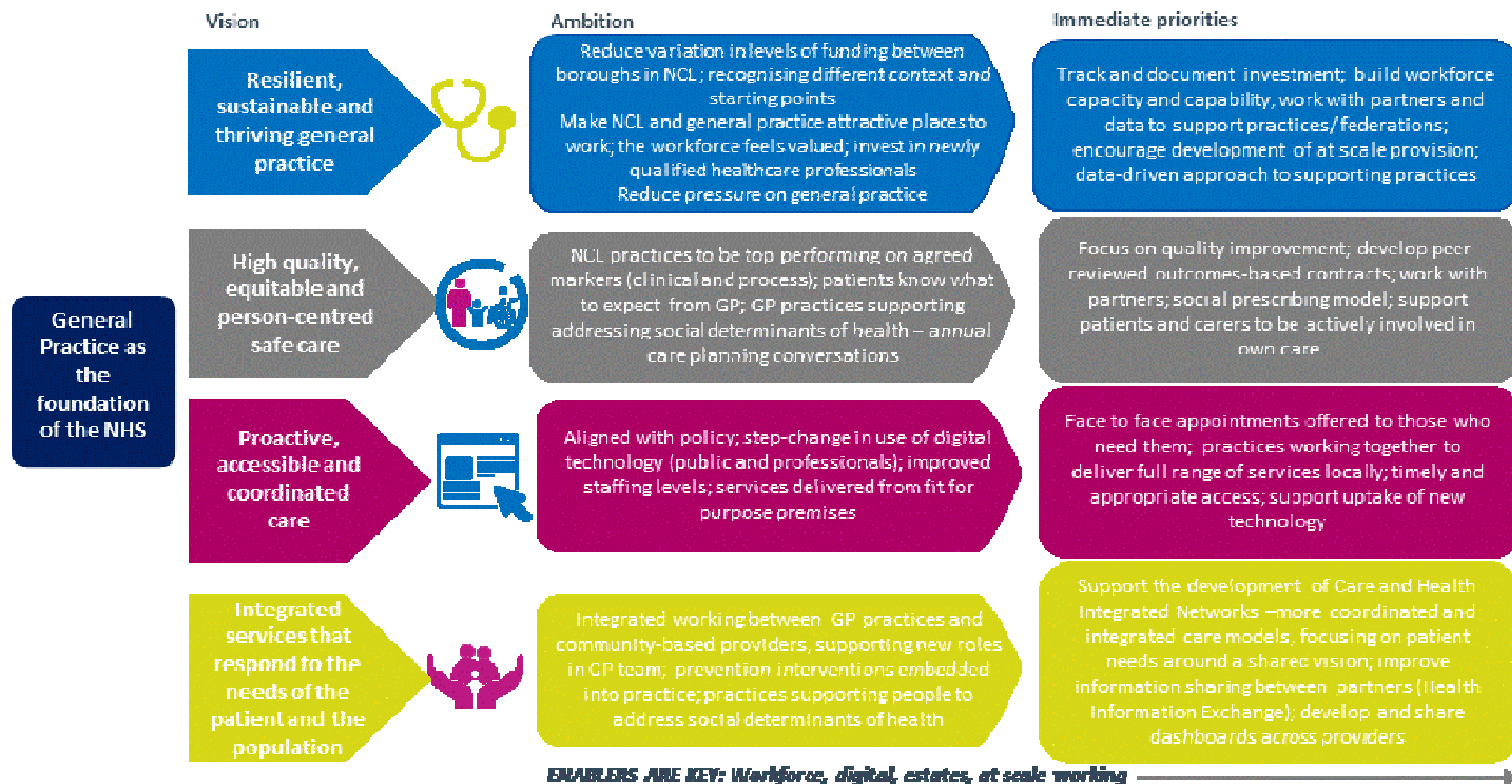
# The North Central London Strategy for General Practice

Haringey's local work in primary care has been taking place against the backdrop of a North Central London-wide Strategy for General Practice, which sets out why things need to change, including:

- There is a growing population and a growing demand for services and people living with increasingly complex and longterm conditions
- There are differences in the quality of GP practices - from patient satisfaction in how easy it is to get an appointment to availability and use of technology for GP services, to variation in clinical outcomes. There is also variation in the historical levels of funding in primary care and variation in the condition of primary care estate.
- There are significant workforce pressures, with a high proportion of GPs set to retire in the next 10 years, recruitment and retention challenges, a shortage of general practice nurses, and fewer GPs looking for partnerships.
- There is a big financial challenge in the NHS with demand for services higher than the funding available, and a big financial deficit to plug.

These challenges are reflected in Haringey and across London.

To address these challenges, the NCL GP strategy outlines plans to ensure that people can access high quality general practice, and that those providing care are better supported to deliver it. The vision is for proactive, accessible and coordinated care, with a focus on GP practices working together over bigger areas and collaborating with other services (primary care networks). A one page summary of the strategy is below:



The full version of the NCL GP strategy is available on Haringey CCG's website:

<http://www.haringeyccg.nhs.uk/Downloads/Strategies/111418%20-%20NCL%20GP%20strategy%20-%20FINAL.pdf>

# The NHS Long Term Plan

- The NHS Long Term Plan (LTP) was published in January and included a commitment to invest £4.5 billion more in primary medical and community health services by 2023/24.
- A new five year GP contract has also been agreed.
- A big focus of the LTP and the new GP contract is investment in the development of primary care networks (and how these will link with integrated care systems):
  - Primary care networks will include bigger teams of health professionals working together in local communities e.g. clinical pharmacists, physiotherapists, and social prescribing link workers. This will allow GPs to focus more on patients with complex needs.
- Another big focus is on IT funding and development which will allow both people and practices to benefit from the latest digital technologies. By way of an example, all patients will have the right to digital-first primary care, including web and video consultations by 2021.
- More information about the LTP can be found here: <https://www.longtermplan.nhs.uk/>

## Haringey context: why things need to change

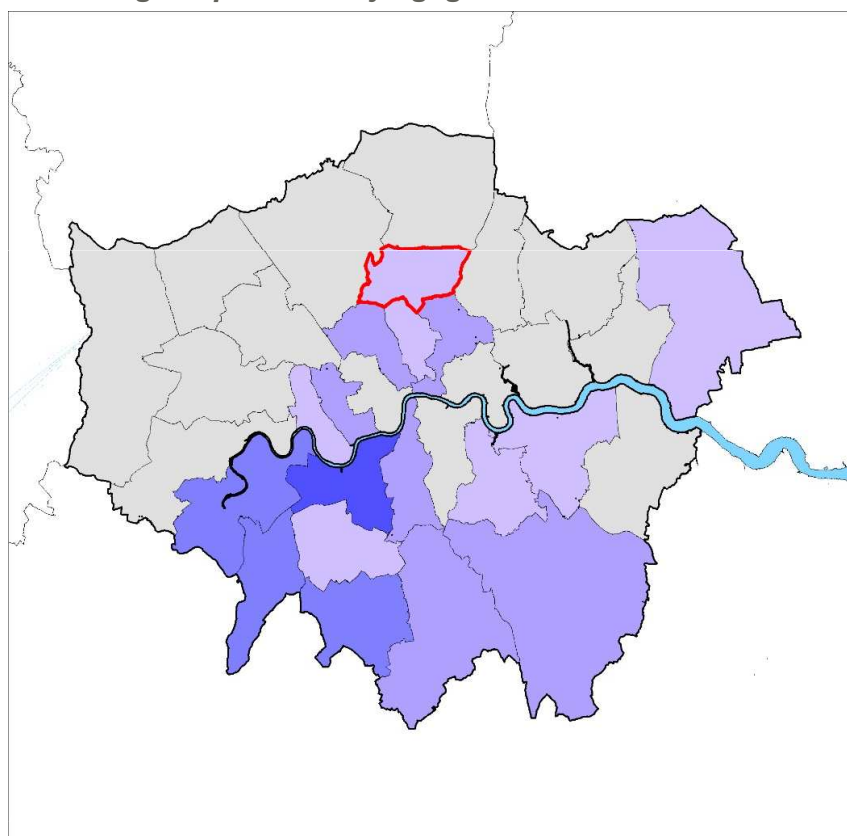
## We need more capacity

- In 2014, Healthwatch Haringey reported that residents in Tottenham Hale ward were having serious difficulties accessing local GP services and concluded that the equivalent of a GP practice that could hold 6,000 patients was required.
- This echoed feedback that we had heard directly from residents, MPs, councillors and primary care colleagues.
- In response, the CCG developed a joint 'Strategic Premises Development Plan' with NHS England and Haringey Council.
- This plan concluded there were three priority areas in Haringey where investment was needed in primary care premises to increase the capacity of practices to be able to take more patients:
  - Tottenham Hale
  - Wood Green
  - Green Lanes/Harringay.

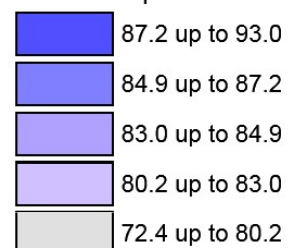
## Overall patient satisfaction with primary care in Haringey is around the London average

The map compares Haringey CCG's patient satisfaction levels with other London CCGs in the 2018 Ipsos-Mori survey. The question is "Overall, how would you describe your experience of your GP practice"?

*Percentage of patients saying 'good'*



Overall Experience of GP practice



Results range from

**74%**  
to  
**87%**

Comparisons are indicative only: differences may not be statistically significant

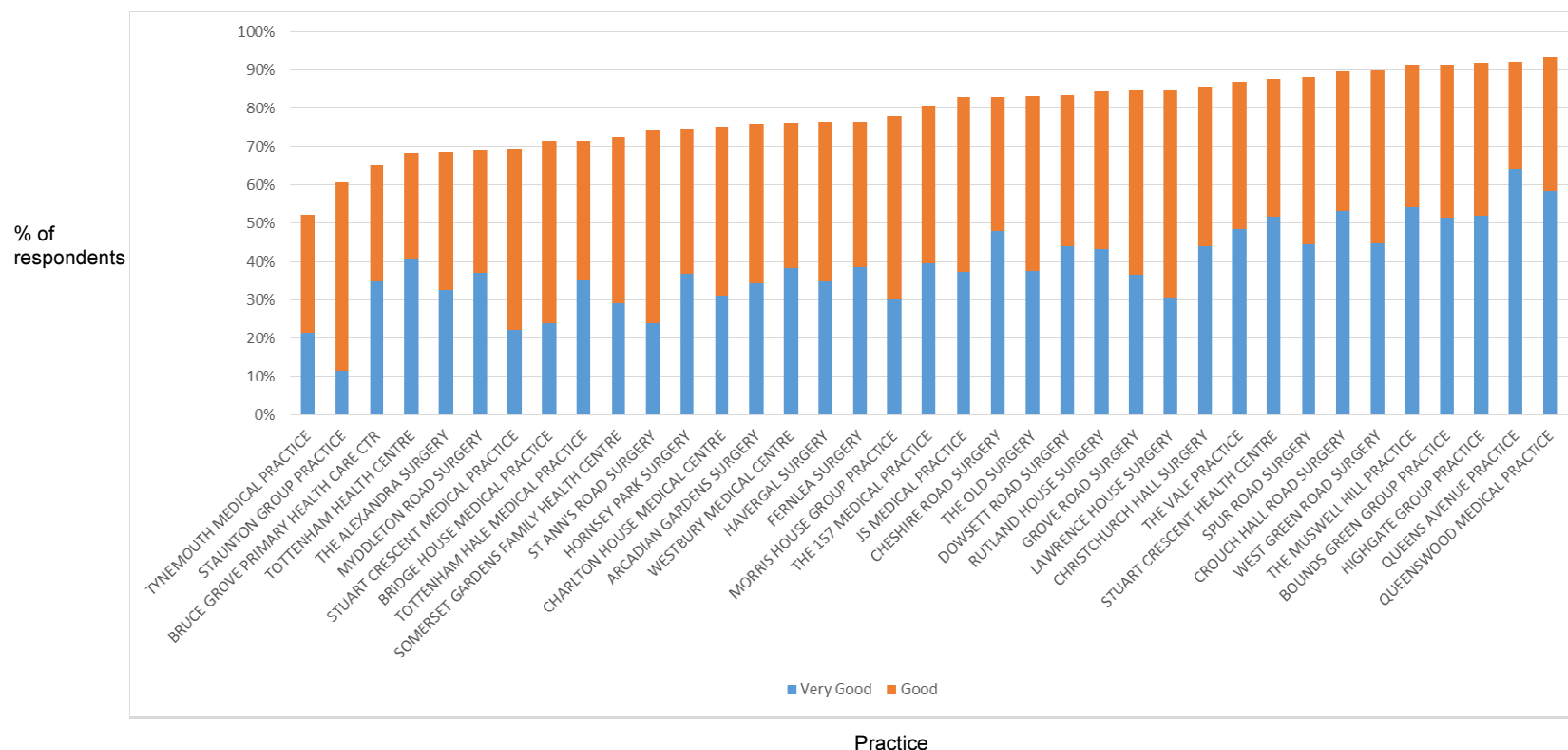
%Good = %Very good + %Fairly good



## However, there are significant variations in patient satisfaction between practices

The chart shows the proportion of patients who describe their GP surgery as 'good', broken down by very good and fairly good.

**Chart:** Proportion of patients who describe their GP surgery as good, broken down by very good and fairly good



There are significant variations between practices. Some of our practices record comparatively high levels of patient satisfaction. At the lower end, Tynemouth and Staunton have low patient satisfaction and have also been placed in special measures by the Care Quality Commission.

## Looking forward, we are concerned that our current model of primary care is not sustainable

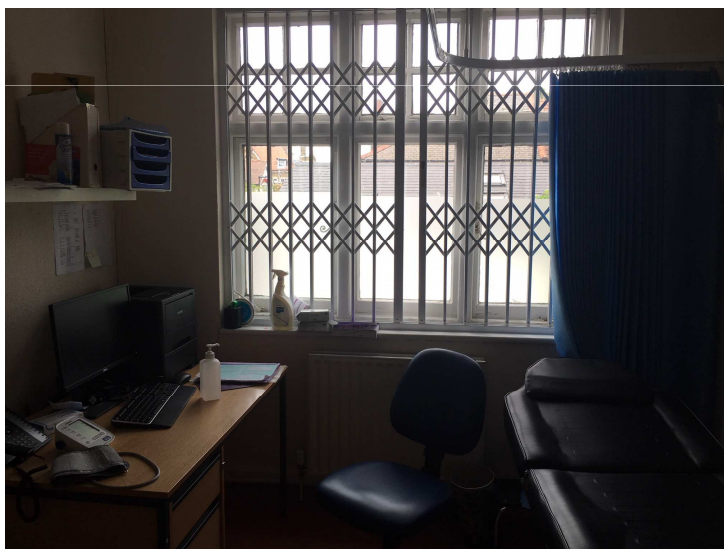
The traditional model of general practice faces real challenges:

- **We have an ageing workforce.** 31% of Haringey's GPs are over 55, which is a higher ratio than any other north central London CCG. The CCG estimates that at 16 of our 37 practices, leading GPs are approaching retirement. For the most part, these are smaller practices, between them serving 29% of our population.
- Increased regulation and accountability means that being a GP Partner is an ever more demanding role – it is effectively running an independent business as well as providing clinical care. As older GPs come to retirement, their practices are at risk. **Younger GPs are, for the most part, not taking on roles in these smaller practices.** A partnership model is more sustainable in our larger practices (Queenswood, Lawrence House, Bounds Green) where those responsibilities are shared.
- **Difficulties in recruiting** mean that many practices are heavily reliant on locum GPs which is an expensive resource and diverts spending away from improving services.

## Many of our primary care premises are inadequate

Many of our smaller practices in Haringey are operating from converted residential properties. This inhibits the range of services that can be offered and makes them unattractive to staff. None of our converted residential properties has a disabled lift which places a limitation on the use of clinical space.

**Pictures from Dowsett Road surgery**



# Transforming primary care

*All of the work that we are doing in Haringey is aligned with the NCL strategy for general practice and the ambitions set out in the NHS Long Term Plan*

We have developed a transformational programme of work programme, which includes:

- **Improving access.** Supporting the GP Federation to provide evening and weekend GP appointments for everyone in Haringey in 4 'hubs'.
- Funding Quality Improvement Support Teams (QIST) to work with our practices to help them to increase their access for patients and **improve their productivity** and 'time to care'.
- Major **investment in our primary care estate**, including bringing practices together
- **Developing networks.** This includes primary care networks and helping our practices to work together more effectively over larger areas (in line with the Long Term Plan ambitions), as well as care and health integrated networks where our practices will work together with other services and providers to support population health.
- **Investing in the workforce.** This includes providing funding to recruit and retain GPs, to support the development of the next generation of GP leaders, to train practice managers and to develop reception staff. Haringey is hosting the first five international GPs recruited to North Central London. We are also investing in primary care workforce at scale e.g. primary care pharmacists who work between practices.
- **Sharing innovation.** Sharing learning from the initiatives that have worked really well in our practices, as a result of the funding they received to help them improve access in line with the GP Forward View Strategy.
- **Improving IT.** We are developing new secure IT networks across all primary care sites, improving broadband connections, and introducing online consultations for patients (Haringey Federation, Bounds Green, Westbury and Muswell Hill practices in the first wave)

# Transforming our estate

## We have a once in a generation opportunity to secure transformational investment in primary care



In response to the Healthwatch Haringey report, and our 'Strategic Premises Development Plan', we have secured £10m in funding for new premises from NHS England's 'Estates and Technology Transformation Fund', subject to business cases being approved.

The new buildings will be home to existing practices in Haringey, who have applied to move into them:

- **Iceland site** in Wood Green (Arcadian Gardens practice; proposed partners are Myddleton Road and Alexandra Surgery, but a final decision has not been made)
- **Hawes and Curtis** building in Harringay (West Green practice)
- **Welbourne Centre** in Tottenham Hale (incorporating Dowsett Road Surgery and Tottenham Hale Medical Practice who are currently in a temporary site)

Business cases are in the process of being submitted to secure the funding. If successful, the new buildings would be open in April 2021.

In addition, we are preparing a business case for a new primary care building on the Muswell Hill roundabout. Muswell Hill and Rutland House practices would merge and move into this building, with Queens Avenue joining in a couple of years when the lease on their building expires.

The work to improve estates and develop primary care capacity has been championed by Haringey's Health and Wellbeing Board which includes representation from Haringey Council, the CCG, Healthwatch and the voluntary and community sector.

## Beyond this, we are pursuing additional opportunities to improve our estate

Further potential developments include:

- applications for London Improvement Grant funding to develop capacity at Bridge House (Haringay), Fernlea (South Tottenham) and Westbury Medical Centre. These combined developments increase patient capacity by 20,000 to respond to projected population growth.
- new premises for Charlton House practice, which is in a listed building that is unsuitable for modern service delivery.
- potential use of land on the Tottenham Hotspur site as a new building for the Tottenham Health Centre and to respond to the projected population growth in the area.



## The investment in the estate is a unique opportunity to transform primary care in Haringey

Looking to the future, the new estate will:

- bring additional capacity into the system. This is fundamental for Haringey in that it enables us to respond to the projected population growth
- improve the overall experience for all patients
- provide modern, fit for purpose environments which are appropriate for people with disabilities and limited mobility
- help respond to the workforce challenges. The consolidation of practices into larger centres is also a consolidation of the GP Partner cohort. New premises provide more attractive places to work in, making it easier to recruit and retain staff.
- support the transformation of care.
- manage patients with long-term conditions (for example, diabetes and COPD) more effectively out of the hospital setting. West Green practice has won a national innovation award for long-term conditions management from their current inadequate building (15,000m<sup>2</sup>). The potential service proposition from the purpose-built Hawes and Curtis site (90,000m<sup>2</sup>) is exciting.

## We will engage with patients and the broader community throughout



Haringey CCG has commissioned Healthwatch to work with us to engage local patients in the practices which are planning to move into the new buildings, and the wider community.

We are also engaging more widely with other stakeholders, including councillors, MPs, primary care colleagues and the voluntary and community sector, to talk about all the work that is happening in primary care in Haringey.

**NHS**  
**Haringey**  
Clinical Commissioning Group

